

TUITION AGREEMENT

Student's Name:	First	Middle	Last
Parent/guardian name:	First	Middle	Last
Parent/guardian name:	First	Middle	Last

Starting Month:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Fee: per: Hour Day Week Month				Date payment due: Source of payment: Parent Other (specify):			
Overtime rate: per				Late fee: per			

- ☐ I agree to promptly notify the school of any changes to the above information.

- ☐ I understand that I am responsible for the terms of this agreement.

- ☐ I understand and comply with all policies and procedures of Ezekiel Early Childhood Development Center

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date